



VIRUSOLVE®+

Guidelines for Child Care Centres, Nursery, Infant and Senior Schools

INTRODUCTION:

This document has been developed in accordance with current applicable infection control and regulatory guidelines. It is intended for use as a guideline only. At no time should this document replace existing documents established by the facility unless written permission has been obtained from the responsible facility manager.

Effective prevention of communicable diseases in child care centres / nurseries / schools will not only safeguard the health of children and staff members by minimizing the harm caused by the diseases, but will also reduce the chance of hospitalization of infected children and thus help save social resources. In order to ensure the learning and healthy growth of children, it is incumbent on all staff members of child care centres / nurseries / schools to learn how to prevent communicable diseases.

Infection control is similar to health and safety in that it will never stop infectious outbreaks but with policies, procedures and the use of effective disinfectant/cleaners such as VIRUSOLVE+ everything practicable can be done to prevent any infection getting out of hand.

This guideline is intended to provide practical information on the recognition of sickness and to recommend preventive measures of communicable diseases for those who work in child care centres, nurseries and schools.

INDEX:

Introduction	Page 1
Index	Page 1
Cleaning Products	Page 2
Dilution of Virusolve+	Page 2
Communicable Diseases	Page 3
Pathogens	Page 3
Reservoir	Page 3
Mode of Transmission	Page 3
Susceptible Host	Page 3
Vulnerability to outbreaks of communicable diseases	Page 3



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**Infection
Controlled**

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

Communicable Diseases in Schools, etc.	Page 4
Principles of Prevention and Control	Page 4
Statutory Notifiable Communicable Diseases	Page 4
Common Communicable Diseases	Page 4
Common and early symptoms	Page 6
Management of suspected cases	Page 7
Measuring temperature	Page 7
Implications of an outbreak of a communicable disease	Page 8
Preventing the spread of communicable diseases	Page 9
Notification Requirements	Page 9
General guidance on the management of suspected outbreaks	Page 9
Disinfection of environment	Page 10
Specific recommendations on management of suspected outbreaks	Page 10
General Guidelines on Prevention	Page 11
Personal Hygiene	Page 11
Food Hygiene	Page 13
Environmental Hygiene	Page 14
Vaccination	Page 15
Preventative Measures	Page 15
Standard precautions	Page 15
Proper Hand Washing	Page 15
Proper use of personal protective gear	Page 16
Disposal of contaminated articles	Page 17
Precaution based on the mode of transmission	Page 17
Legal Requirements	Page 18
Conclusions	Page 19
Prevention guide on communicable diseases	Page 19
Responsibility of persons-in-charge or operators	Page 19

CLEANING PRODUCTS:

Use dilution: 5% solution of Virusolve+ concentrate in clean water.

Note: A ready-to-use solution at 5% strength is also available from Amity

Dilution of Virusolve+

1. Preparation of working solution: Pre-mix and label from a controlled location Virusolve+ at a dilution of 5% (1 part chemical to 19 parts water), (equivalent to 1:20 or 1part in 20). Use potable tap water at between 18 and 30 °C for this purpose.
2. Place mixed solution in either a labelled, flip-top 1 Litre bottle or a small hand bucket.

Also Available:

Virusolve+ RTU 750ml Trigger Spray and 5 Litre RTU are ready-to-use products diluted at 5%.

Application:

Virusolve+ diluted to 5% is suitable for the disinfection and cleaning of heavily soiled surfaces including surface contaminated with body fluids including blood.

Virusolve+ diluted to 5% is also suitable for use in conjunction with ultrasonic machines.

COMMUNICABLE DISEASES

Communicable diseases refer to diseases that can be transmitted and make people ill. They are

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

caused by infective agents (pathogens) e.g. bacteria and viruses, which invade the body and multiply or release toxins to cause damages to normal body cells and their functions. In severe cases, they may lead to death. These infective agents can spread from a source of infection (e.g. sick person) to a person through various modes of transmission. For an individual to acquire an infection, a number of factors crucial to the spread of communicable diseases including the infective agents (pathogens), source of infection (reservoir), mode of transmission, and susceptible host must be present. This is called the chain of infection

Pathogens:

The infective agents (pathogens) responsible for infectious disease include bacteria, viruses or parasites. These may be part of our own body flora or can be acquired from external sources. They do however need to achieve an infective dose before becoming a risk to other people.

Reservoir:

This refers to any object or environment where pathogens can survive and multiply to achieve an infectious dose, e.g. humans, inanimate objects, animals, food or water. A human reservoir may be a patient or can be a carrier.

Mode of Transmission:

Transmission modes may be by contact, droplet, inhalation or ingestion. Interruption of the transmission mode is the easiest way to break the chain of infection and hence control an outbreak.

Contact transmission by direct (person to person) or indirect (food, water, fomites, i.e. inanimate objects) body contact is the most common mode of transmission.

Droplet transmission occurs when minute infectious droplets come into contact with the mucous membrane (eyes, nose or mouth) of a susceptible person. Droplets arise from sneezes, coughs, spitting or just talking but are usually short lived in the air and rarely travel more than a few feet from the source.

Airborne transmission occurs when infectious droplets or contaminated dust particles remain suspended in the air for considerable periods and are inhaled by susceptible hosts.

Common vehicle transmission occurs through contaminated food water or equipment.

Finally,

Insect transmission occurs when the pathogen is transmitted by contact or bite of an insect host.

Susceptible Host:

The natural defence mechanisms of the body may be compromised by aging or immaturity (e.g. young children) or by trauma or drug taking whether prescribed or otherwise. Such people will be at a higher risk of infection.

Vulnerability of child care centres / nurseries / schools to outbreaks of communicable diseases:

Child care centres / nurseries / schools are collective assembly places and young children are incapable of taking proper personal care. As such, communicable diseases can easily be spread around via close person-to-person contact. The source of infection can be staff members, parents, other children or visitors. Person-to-person contact may lead to cross-infection, i.e. the transmission of pathogens from one person to another. For example, if a staff member fails to wash hands after caring for a sick child before making contact with another child, he/she may spread the pathogens from the first child to the second one.

Factors that affect a person's susceptibility to infection include:

- Age (the very young and very old are more susceptible)
- Immune status

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

- Physical well-being
- Psychological well-being
- Hygiene
- Underlying or chronic diseases or medical conditions (e.g. diabetes, chronic chest and heart problems or cancer)
- Other existing infections
- Medical interventions (e.g. indwelling medical device)
- Medical therapies (e.g. cancer chemotherapy).

COMMUNICABLE DISEASES IN SCHOOLS Etc.

On the occurrence of a communicable disease, staff should in addition to the general hygienic practice, also adopt basic infection control measures.

Principles of Prevention & Control

Control measures should be immediately implemented to try to break down the chain of infection. Examples of control measures are presented at Table 1.

TABLE 1	
Chain of Infection	Control Measures
Infective agents	Disinfection and killing of all infective agents
Source of Infection	Early detection, Isolation and Treatment of sick. Removal of breeding sites.
Mode of Transmission	Maintain good environmental, personal and food hygiene. Adopt infection control measures appropriate to the different modes of transmission.
Susceptible Host	Build up personal immunity by immunization and healthy lifestyles

Immunity may be increased by having a well balanced diet, adequate rest and sleep and regular exercise. Being a non-smoker also helps improve immunity characteristics.

Statutory Notifiable Communicable Diseases

Some communicable diseases are highly infectious and capable of causing severe conditions, thus threatening human lives and affecting the economy of societies or countries. If there are proper precautionary or control measures in place, the disaster posed by communicable diseases can be averted. The evolution of outbreaks of communicable diseases and their management vary slightly with countries or regions, where the types of communicable diseases occurred and the living environment are different.

To safeguard public health and safety, every country or region has legislation stipulating certain communicable diseases as statutory notifiable diseases which warrant special precautions, and policies are developed to prevent outbreaks and contain their spread. Responsible doctors and related persons have to report occurrences of such diseases to their respective Department of Health.

Appendix A provides a list of 30 of the statutory notifiable communicable diseases for guidance, but local regulations should be consulted for completeness.

Common Communicable Diseases

Typical symptoms of communicable diseases commonly found in child care centres, nurseries and schools are listed at Table 2 for reference of staff members.

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

TABLE 2

Types of Disease	Pathogens	Modes of Transmission	Symptoms	Prevention
Upper respiratory tract infection (e.g. influenza, cold, rhinitis, laryngopharyngitis)	Viruses (e.g. Influenza viruses), bacteria (e.g. Streptococcus)	Droplets, touching mucous membranes of the mouth and the nose with hands contaminated by pathogens	Fever, fatigue, cough, sneeze, runny nose, sore throat, muscle aches	- Maintain good ventilation, take enough rest and ensure balanced nutrition for stronger immunity; - observe good personal hygiene; - cover the mouth and the nose with tissue when sneezing or coughing; - keep both hands clean and wash them if contaminated by respiratory secretion; - ensure proper cleaning of used toys and furniture; - Exercise caution when taking care of or making contact with patients by wearing masks and washing hands before and after such contact.
Lower respiratory tract infection (e.g. acute bronchitis, pneumonia)	Viruses (e.g. influenza viruses), bacteria (e.g. Streptococcus pneumoniae)	Droplets, touching Mucous membranes of the mouth and the nose with hands contaminated by pathogens	Fever, fatigue, cough, thick sputum, sputum with blood, shortness of breath	- Maintain good ventilation, take enough rest and ensure balanced nutrition for stronger immunity; - observe good personal hygiene by covering the mouth and the nose with tissue when sneezing or coughing; - keep both hands clean and wash them if contaminated by respiratory secretions; - ensure proper cleaning of used toys and furniture; - Exercise caution when taking care of and making contact with patients by wearing masks and washing hands before and after such contact.
Food-borne diseases (e.g. food poisoning, cholera, Norwalk-like viral infection)	Viruses (e.g. Norwalk-like viruses), bacteria (e.g. Salmonella, Staphylococcus aureus, Vibrio cholerae)	Contaminated water and food	Abdominal pain, vomiting, diarrhoea, lack of appetite, fatigue, fever	- Maintain good personal, food and environmental hygiene and be cautious in diet; - Food handlers should refrain from work and seek early medical advice if falling sick. - Proper management of vomiting incidents.
Skin and subcutaneous tissue infection	Mites or parasites (e.g. scabies, head lice),	Contact transmission	Itchiness, localized rash, desquamation, tumours, scales, etc.	- Wear gloves during patient contact and arrange for early medical treatment for patients. - Linen and clothing of patients infected with scabies should be treated with special care according to the doctor's instructions.
Conjunctivitis	Viruses (e.g. adenovirus), bacteria (e.g. Staphylococcus aureus)	Contact transmission	Redness of eyes, itchy eyes, excessive production of tears, abnormal secretion	- Refrain from sharing towels; - observe good personal hygiene; - Wash hands before touching the eyes.
Hand-foot mouth disease	Enterovirus	Contaminated water and food/droplets contact	Fever, fatigue, vesicles on limbs	- Maintain good ventilation; - Wash hands thoroughly before meals, after going to the toilet or after handling babies' diapers or other soiled articles; - cover the mouth and the nose when coughing or sneezing; - clean children's toys or stuff properly; - the sick child should stay home until the fever has gone and the lesions and vesicles inside the mouth and on the limbs have dried up before returning to the centre; - avoid going to crowded places.
Chickenpox	Chickenpox virus	air/contact/droplets	Fever, fatigue, vesicles on head	- Avoid contact with patients; - Maintain good personal and

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

TABLE 2				
Types of Disease	Pathogens	Modes of Transmission	Symptoms	Prevention
			and body	- environmental hygiene; - Maintain good ventilation.
Hepatitis B	Virus	Blood/body fluid transmission	Fever, jaundice, fatigue, lack of appetite	- Never share toothbrushes, razors or other articles susceptible to blood contamination; - follow Standard precautions stringently when cleaning wounds or handling articles contaminated with blood; - carers may also consider vaccinating against hepatitis B.
Tuberculosis	Mycobacterium tuberculosis	Air	Persistent fever, cough, sputum with blood, fatigue, weight loss, night sweat	- Ensure balanced nutrition and take adequate rest; - maintain good ventilation and environmental hygiene; - do not spit.
*SARS	Corona virus	Droplets, direct contact with body fluid	Fever, fatigue, headache, chill, cough, shortness of breath, difficulty in breathing	- Take adequate rest and ensure balanced nutrition to build up body immunity; - observe good personal hygiene; - wear masks; - wash hands before touching the eyes, the nose and the mouth, and after contact with resident. - maintain good ventilation and environmental hygiene
*Avian influenza	Influenza A (H5N1) virus	Short-range contact with infected live poultry or bird	With symptoms similar to those of influenza but is more prone to pneumonia, respiratory failure, multiorgan failure and eventual death	- Refrain from having contact with live poultry and their excreta; - Wash hands immediately with liquid soap and water after such contact; - ensure adequate sleep and rest, balanced diet and adequate exercise; - maintain good ventilation; - do not smoke; - seek early consultation if influenza symptoms arise and wear masks; - management of schools/child care institutions should take necessary measures to prevent children from making contact with live birds and poultry; - cook poultry thoroughly before consumption.

Note:* Detailed guidelines on the prevention of SARS and avian influenza may be available through local National Health Authorities and these should be consulted.

Common and early symptoms of communicable diseases among children

Although most children develop the above common symptoms when infected, some young children have less obvious symptoms. If these children are infected, it may be more difficult to detect, and treatment will be delayed, coupled with a higher risk of transmission. In addition, young children may not know how to express sickness and the communication problems so caused may also lead to late detection of infection. Despite this, most young children if infected will show the following subtle physical changes. Early detection and treatment is possible so long as staff members of child care centres remain vigilant.

Points to note:

- Body temperature over 38 ° C
- Frequent eye rubbing
- Frequent scratching
- Crying and nagging for no reason, restlessness
- Loss of appetite and / or lack of energy
- Shortness of breath

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

Management of suspected cases of communicable diseases among children or staff members

The relevant officers should observe the following principles in preventing the spread of communicable diseases:

- Medical surveillance - maintain proper personal health records of children and assess their symptoms carefully. (see Appendix B for sample record)
- Early treatment - avoid becoming the breeding ground for causative agents.
- Spread prevention - adopt appropriate isolation measures with respect to the mode of transmission of the communicable disease in question to avoid an outbreak and further evolution into an epidemic. For example, patients with respiratory infectious diseases should wear masks; excreta of sick children should be properly disposed of; guidelines for washing hands should be stringently observed, etc.
If in doubt, promptly notify your local Centre for Health Protection, national authorities, etc. for follow-up investigation.

Measuring temperature

Most children develop fever when infected, but there are exceptions. Some children have normal but lower body temperature which will not rise too much even when infected. As such, correct measurement and proper record of daily temperature for comparison is of utmost importance. Parents should take temperature for their children everyday before sending them to school and return the body temperature record to the schools. Random check on these records should be conducted by child care centres, nurseries and schools regularly and such records should be read by infection control officers of nurseries / schools and supervisors of child care centres everyday.

Vigilance should be exercised under the following circumstances to identify sick children with fever.

Record should be made accordingly (see Appendix B) and preventive measures against communicable diseases should be implemented when necessary.

- during outbreaks of communicable diseases, particularly influenza-like illnesses and SARS
- when children develop symptoms of infection

Body temperature can be divided into core temperature and surface temperature.

Core temperature refers to the temperature of inner tissues, which can be taken orally, rectally or aurally, whereas surface temperature is the temperature of surface skin tissues, which can be taken at the armpit.

If an oral thermometer is used to measure the body temperature, then a temperature not higher than 37.2 °C or 99.0 °F is considered normal.

Young children aged 0 to 6 may have higher body temperature and for them, a temperature of 37.5 °C (99.5 °F) or below falls within the normal range.

Reference normal ranges provided by some aural thermometers are presented at Table 3

TABLE 3		
	Celsius Scale	Fahrenheit Scale
Age 0 to 2 years	36.4 to 38.0	97.5 to 100.4
Age 3 to 10 years	36.1 to 37.8	97.0 to 100.0

If a rectal thermometer is used, the temperature measured will be 0.5 °C (0.9 °F) higher than that of an oral thermometer. As such, a rectal temperature of 38 °C (100.4 °F) or below is considered normal for young children aged 0 to 6.

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

There are mercury and digital thermometers for taking oral, rectal and armpit temperature. Ear thermometers are also electronic devices for measuring the core temperature and their procedures vary with brands. Therefore, instructions of use should be read carefully before using them. Child care centres, nurseries and schools that require rapid temperature taking because of their settings and working conditions may use infrared forehead thermometers. Such devices, however, have greater measurement error. Hence, unless necessary, such thermometers should not be used as far as possible as the only means for taking temperature.

Methods of taking body temperature

Taking ear temperature:

Is non-intrusive, and therefore has little limitations on its application. It is particularly suitable and recommendable for use in child care centres, nurseries and schools.

First, stabilize the head position of the child. Pull his / her ear backwards and upwards to make the ear canal straight. Fit the probe tip covered with a plastic jacket slightly into the depth of the ear canal. The temperature inside the ear is 0.5 °C higher than the oral temperature.

Follow the instructions to make suitable adjustments when using an ear thermometer.

Taking oral temperature:

Suitable for older children. Carers should cover the probe with a plastic jacket and place the thermometer under the tongue near the root and tell the child to close the mouth tight but not to bite on the thermometer or talk. Wait for 3 to 5 minutes when using a mercury thermometer before taking it out to check the reading. If the child carelessly bites off the mercury thermometer, he / she should be sent to the hospital immediately for treatment.

Taking rectal temperature:

Suitable for young children. When taking temperature, ensure the privacy of the child and protect him / her from catching cold. The carer should help the child to lie down on one side with knees bent. When using a mercury thermometer, cover the probe with a plastic jacket and put some lubricant on the tip, and then insert it gently down 1 to 1.5 inches of the rectum. Wait for at least 3 to 5 minutes before taking it out to check the reading.

It should be specified on the record that the measurement is the rectal temperature as it is 0.5 °C higher than the oral one. The accuracy of the measurement will be affected if large amount of faeces is accumulated in the rectum.

Taking armpit temperature:

Suitable for conditions under which all the above are not applicable. Ensure privacy of the child and protect him / her from catching cold when taking temperature. Put the thermometer under the armpit, and place the forearm of the child horizontally across his / her chest to secure the thermometer under the armpit. Wait for 6 to 8 minutes before taking it out to check the reading. Armpit temperature is usually 0.5 °C lower than the oral one, so it should be marked down on the record accordingly.

Cleaning and disinfection of thermometers after use

- Mercury thermometers - wash with cold water first; immerse in 70% alcohol for about 15 minutes; wipe dry and then store dry.
- Oral and rectal thermometers should be handled separately. Patients with communicable diseases should use their own personal thermometers to avoid cross-infection.
- Electronic thermometers must not be immersed in disinfectant or disinfected with high heat because its electronic components will be damaged and its normal functioning affected. The cleaning procedures recommended in the user manual of the electronic thermometers should be followed. Disinfection using Virusolve+ is recommended.

Implications of an outbreak of a communicable disease

If children or staff members develop similar symptoms one after another and the incidence is higher than usual, there is an outbreak from the epidemiological point of view. A common

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

example is the outbreak of influenza which usually peaks in February, March, July and August each year though sporadic cases may also occur at other times.

To judge whether there is an outbreak in child care centres / nurseries / schools, their day-to-day information on cases of communicable diseases have to be monitored.

Some examples are cited below for reference. Infection control officers of nurseries and schools and supervisors of child care centres should keep a closer watch if the following happen:

- Two or more people develop similar symptoms after eating common food. This may mean food poisoning outbreak and the pathogen may be the bacteria, virus or toxin contained in the food.
- A single case sometimes may warrant outbreak treatment. A disease newly emerged or posing major impact on the overall public health system or the health of citizens is one of such cases. Examples are the emergence of avian influenza in 1997 and SARS in 2003.
- Children and staff members concurrently develop similar symptoms in clusters, such as symptoms of influenza (fever, cough and sore throat). This may mean cross-infection within child care centres / nurseries / schools.
- Children studying in the same room or on the same floor develop similar symptoms in clusters within a short period of time.

Preventing the spread of communicable diseases

Early detection of occurrence of communicable disease is essential to the prevention of its spread. For such purpose, all staff members of child care centres / nurseries / schools shall be responsible for keeping a close watch on the occurrence and outbreak of communicable diseases, particularly the statutory notifiable diseases. They should report to the National Authority for Health Protection as soon as possible so that timely preventive measures can be implemented.

The role played by infection control officers of nurseries / schools and supervisors of child care centres is to monitor closely the physical conditions of children for early detection of common symptoms of communicable diseases and whether the infection toll is high. They should make a prompt report to the relevant personnel according to the flow chart in Appendix D.

Besides, children infected with communicable diseases should be prohibited from going to child care centres / nurseries / schools so as to avoid the spread.

The suitable time for them to return to school depends on the nature of the diseases and the individual situations (refer to Appendix C).

Notification Requirements of Statutory Notifiable Communicable Diseases

Apart from reporting statutory notifiable communicable diseases pursuant to local laws and regulations, doctors should also notify their National Centre for Health Protection of any suspected cases or outbreaks of other communicable diseases as soon as possible.

General guidance on the management of suspected outbreaks of communicable diseases

- Deal with the patient first and conduct appropriate isolation.
- Inform the parents / guardians of the sick child to take him / her to seek early consultation and if necessary, at the nearby Accident and Emergency Department.
- Settle down the patient before informing the relevant departments according to the established procedures. Supply relevant information (please refer to Appendix E) to the National Authority for Health Protection to facilitate their investigation.
- Keep proper records of children's and staff members' personal particulars and medical histories. Seek advance consent from parents / guardians of children before the start of school year for releasing such information to the Department of Health or other relevant departments when necessary.
- Children or staff members falling sick should avoid participating in group activities.
- Minimize contact between children and staff members of different floors to avoid cross-infection, and arrange the same team of staff members to take care of a fixed group of children as far as possible when preparing the shift roster.

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

- Assist Health Officers in monitoring the outbreak development at the school site for ascertaining the effectiveness of control measures. The monitoring period for common communicable diseases is twofold of the longest incubation period from the onset of the last case.
- Observe the notification mechanism for communicable diseases stated in the flowchart in Appendix D so as to allow the Health Officers concerned to implement control measures at the earliest possible time.

Disinfection of environment

- Disinfect furniture, floors and toilets using 5% solution of Virusolve+ in warm water (<35°C) water; leave for 5 to 10 minutes before rinsing with water and mopping dry; special attention should be paid to disinfection of toilets, kitchens and objects which are frequently touched such as light switches, door knobs and handrails.
- Use highly absorptive materials to preliminarily clean up surfaces contaminated by vomitus or excreta before performing the above disinfection procedures. Consider the use of Virugel absorbent.
- A 5% solution of Virusolve+ or a 70% strength alcohol can be used if disinfection of metal surfaces is required.

Soak any linen contaminated by blood / secretions in a 5% solution of Virusolve+ for 5 to 10 minutes to achieve disinfection before general disposal.

Other points to note:

- Use disposal tissue towels where possible and dispose of used tissue towels properly.
- If cleaning towels are used, they should be soaked in 5% solution of Virusolve+ for 5 to 10 minutes before ordinary washing.
- Use a 5% solution of Virusolve+ for disinfection, for regular wiping and for disinfecting articles contaminated by body fluid / excreta. There is no need to increase the concentration unless specifically instructed.

Specific recommendations on management of suspected outbreaks

Food poisoning

- Prepare a list of infected persons and their medical records as well as the information on food consumed within the several days before the outbreak at child care centres / nurseries / schools for Health Officer investigation.
- Disinfect articles or places contaminated by excreta or vomitus.
- Clean and disinfect toilets with a 5% solution of Virusolve+.
- Ensure good personal, food and environmental hygiene in child care centres / nurseries / schools.
- Maintain a hygienic environment in the kitchen and make sure that the refrigerator works well.
- Sick staff members, especially the food-handlers, should take sick leave to prevent spreading the disease.

Outbreak of respiratory tract infection

- Symptoms are fever (oral temperature >38 °C), cough, sore throat, shortness of breath and chest pain.
- Prepare a detailed list of suspected patients and their medical records.
- Enhance health surveillance for other children by, for example, measuring body temperature.
- Switch on exhaust fans and open windows as far as possible to improve ventilation.

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

- Sick children should be prohibited from coming to child care centres / nurseries / schools. Relocate those uninfected to other rooms as far as possible and ask them to wear masks.
 - Avoid group activities during an outbreak.
 - Infected staff members should take sick leave until full recovery.
 - Minimize staff movement; arrange the same group of staff members to take care of the same group of children as far as possible; have appropriate protective gear in place.
-

GENERAL GUIDELINES ON PREVENTION

Building up the body immunity by having balanced diet in accordance with the food pyramid, adequate rest, sufficient sleep and regular exercise as well as refraining from smoking is vital to the prevention of communicable diseases. Moreover, good personal, food and environmental hygiene should be observed.

Personal hygiene

Since many communicable diseases are transmitted through contact, washing hands properly is a prerequisite for the prevention of such diseases. Persons-in-charge of nurseries / schools and supervisors of child care centres should provide within their school sites adequate hand washing facilities for staff members and children.

The recommendations set out in CADAN 033 (Guidelines for Hand Hygiene) should be followed.

(Note: The wearing of gloves should never substitute for proper hand washing. Always wash hands after taking off the gloves)

Hand hygiene is widely acknowledged to be the single most important activity for reducing the spread of infection.

Common hand hygiene practices recommended include hand washing and the use of alcohol-based hand rub (hand antiseptics) e.g. Virusan or Virusan AS.

Micro-organisms passed from one individual to another during the delivery of care may potentially be harmful however, hand hygiene can minimise the risks.

Organisms found on the skin may be resident, or transient.

Resident organisms live deep within the epidermis that is, in skin crevices, hair follicles, sweat glands, and beneath the finger nails. They protect the skin from other, more harmful bacteria that are not easily removed, and are therefore rarely associated with cross infection.

Transient organisms are usually located on the surface of the skin and are easily passed through direct contact with other people, the environment, equipment, or other body sites for example by blowing the nose. The ability to transfer easily means that transient organisms pose a significant risk to vulnerable individuals. However, unlike resident organisms, transient organisms are easily removed by the application of thorough hand hygiene practices.

Hands should be decontaminated either by washing with liquid soap and water if visibly soiled or decontaminated with alcohol hand rub (Virusan or Virusan AS) if visibly clean:

- After using the toilet
- Before handling, serving or eating food
- Between procedures involving handling residents
- After going to the toilet/helping others to the toilet
- After cleaning up anything that comes out of the body for example, urine, vomit or diarrhoea
- After removal of gloves

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

- After bed making
- After blowing or wiping noses
- After handling pets
- After any procedure that might make the hands dirty such as, handling waste, soiled linen or equipment.
- After smoking
- Before administering medicines

For optimum performance of hand hygiene, staff should remove watches, rings and accessories on hands prior to washing thoroughly.

Organisms can also be carried on items of jewellery. Rings, bracelets, wrist watches, earrings, body piercings or jewellery can all harbour germs. Some rings with stones, can also be a Health and Safety risk, as elderly people have frail skin, which is easily torn. It is therefore recommended that jewellery should be kept to an absolute minimum when in work that is, a plain ring.

Alcohol based hand rub products:

Alcohol based hand rub products should not be used on visibly soiled hands.

Products with an added emollient (Virusan and Virusan AS) are recommended to decrease the likelihood of drying the skin of the user however, it may be necessary to wash the hands periodically to remove the build up of emollient on the hands.

Each application of alcohol hand rub should be sufficient to wet the hands completely and is then rubbed into all areas of the hands for approximately 15 seconds or until the product has evaporated.

Hand Hygiene Products

Liquid soap and/or alcohol-based hand rubs or gels should be used for all routine hand decontamination in the care home.

Liquid soap should be in a wall-mounted dispenser, and preferably elbow operated. The dispenser should be regularly maintained, and should be cartridge filled, using individual cartridges that can be discarded when empty, to avoid cross contamination of the soap.

Bacteria can grow in bar soap, which can then become a reservoir and source of infection. Bar soap may be used by individual residents for their own use but not by healthcare staff.

The choice and siting of alcohol based hand products (Virusan and Virusan AS) in the care home should be subject to risk assessment that is, it should be user friendly and of no risk to vulnerable residents

Antiseptic hand wash using active materials such as chlorhexidine 4% (e.g. Virusan and Virusan AS), can provide a residual activity on the hands following hand-washing and is useful when an increased level of hand decontamination is necessary.

Moisturising Cream

Encourage the use of moisturising creams however communal tubes and pots should be avoided because of the potential risk of cross infection. Staff should have access to free standing or wall mounted dispensers of moisturising cream.

Any product causing a rash, cracking or soreness of the hands, should be stopped immediately, and replaced with an alternative. Seek medical advice if the problem continues.

Access to Hand Hygiene Products

Hand hygiene products should be easily accessible to staff particularly during infection outbreaks.

Schools management should ensure all materials for performance of hand hygiene are available and lidded disposal receptacles provided.

Conveniently located dispensers of hand rubs (Virusan or Virusan AS) should also be provided.

Respiratory hygiene / Cough etiquette

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

This regarded as a source control measure. Staff and pupils may need to be educated to perform this when they sneeze or cough.

Cover mouth and nose when coughing or sneezing. Use paper tissue to contain respiratory secretions and then dispose promptly in lidded receptacle. Perform hand hygiene.

Offer surgical masks to persons with respiratory symptoms, especially during epidemic and encourage to segregate from others (> 1 metre / 3 feet).

Schools management should ensure lidded receptacles for tissue disposal are provisioned and conveniently located. Surgical masks are available when needed.

Food hygiene

Choice of food

- Buy fresh meat and vegetables.
- Do not patronize illegal food hawkers.
- Do not buy packaged food without proper labelling, beyond its expiry date or with damaged packaging.
- Do not buy ready-to-eat food and drinks that are displayed with raw products.
- Do not buy food which looks, smells or tastes abnormal.
- Avoid unpasteurized products like raw milk.
- Do not buy excessive food to avoid problems due to prolonged storage.

Preparation

- Wash hands properly before preparing food.
- Wear washable or disposable aprons, caps and masks at work.
- Protect wounds on hands with waterproof dressing to prevent passing germs from wounds to food.
- Wash food thoroughly, and scrub with a brush when appropriate.
- Avoid contact between raw food and cooked food. Use separate knives and chopping boards for each to avoid cross-contamination.
- Discard the outer leaves of leafy vegetables and immerse the vegetables in water for 1 hour before washing to eliminate possible pesticide residues.
- Frozen meat or fish must be thawed completely before cooking.
- Cook food thoroughly before consumption.
- Sample food with a clean spoon, not with fingers.
- Consume food as soon as it is done.
- Do not cook too much food.
- Cooked food taken out from the refrigerator should be reheated thoroughly before consumption.
- Do not touch cooked food with bare hands.
- Staff should not handle food if suffering from illnesses such as fever, diarrhoea and vomiting.
- Do not smoke while handling food.

Storage

- Store food in well-covered containers.
- Store perishable food in the refrigerator immediately after purchase.
- Surplus food should preferably be disposed of, or stored in the refrigerator (Keep the temperature inside the refrigerator at or below 4 ° C and the freezer at or below -18 ° C) if needed to be kept.
- Make sure that the refrigerator is clean and works well, and clean it regularly.
- Never leave perishable food at room temperature.
- Avoid overcrowding of food inside the refrigerator to allow good ventilation.
- Do not wrap food with newspaper, unclean paper or colour plastic bags.

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

Child care centres / Nurseries / schools should implement the World Health Organization's Golden Rules for Safe Food Preparation including:

- Carefully choose foods that are already processed for safety.
- Cook food thoroughly.
- Consume cooked food as soon as possible.
- Store cooked food carefully.
- Reheat stored food thoroughly.
- Handle raw food and cooked food separately.
- Wash hands frequently.
- Keep the kitchen clean.
- Protect food from insects, rodents and other animals.
- Consume safe water.

Environmental hygiene

Since pathogens can survive in the environment for a period of time, it is essential to observe environmental hygiene.

Keep the environment clean and hygienic:

- Open windows frequently for good ventilation. Fans / exhaust fans can be used to improve ventilation.
- Clean dust-filters of air-conditioners regularly.
- Clean and disinfect frequently touched surfaces, furniture as well as all floors, toilets, changing rooms and bathrooms regularly. If necessary, disinfect dirty places or places contaminated by secretions or excreta with a 5% solution of Virusolve+. For blood stains, use thick tissue paper soaked with 5% solution of Virusolve+ to wipe the stained area and rinse after leaving for 5 to 10 minutes.
- Clean the floor regularly and increase the frequency as the circumstances require. The floor should be kept dry after cleaning to prevent children and staff members from slipping on it. The floor / carpet should be kept clean by daily vacuum cleaning and regular washing.
- Clean toys properly. Washable toys should be cleaned at least daily by immersing them in a 5% solution of Virusolve+ for 5 to 10 minutes prior to ordinary cleaning. Unwashable toys should be wiped regularly (at least daily) with towels soaking with a 5% solution of Virusolve+ and then wiped dry after rinsing with water. Toys made of strong absorbents such as wool should not be used.
- Clean and examine children's lockers regularly to avoid breeding of pests and rodents from deteriorated food remnant and causing detriment to environmental hygiene.
- If beds are provided, keep appropriate distance between beds or groups of beds (not less than 3 feet) to reduce the chance of transmission of pathogens by droplets.
- Empty water in the saucers underneath flower pots and change water in vases at least weekly; top up all defective ground surfaces to prevent accumulation of stagnant water and breeding of mosquitoes. To prevent rodent infestation, avoid indoor stacking of unnecessary articles.
- Commence clean-up actions immediately where there are any signs of pest or rodent infestation such as excreta of rats, cockroaches, mosquitoes and flies. If necessary, call the local Food and Environmental Hygiene Department or the relevant local government departments to follow up.
- Do not keep pets like dogs, cats, poultry or birds.
- Do not wash children's soiled personal items / clothes in schools or centres.
- Put them in plastic bags for parents to take away.

Kitchen cleanliness and hygiene:

- Keep the kitchen clean; clean the exhaust fan and range hood regularly and store eating utensils in a clean cupboard.
- Worktops in the kitchen should be kept clean.

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

- The floor should be kept dry after cleaning to prevent children and staff members from slipping on it.
- Do not store personal items such as clothes and shoes in the kitchen.
- Cover garbage bins properly to avoid breeding of cockroaches, flies and rodents.

Cleaning and disinfection measures for toilets and bathrooms:

- Keep toilets and changing rooms or bathrooms clean and hygienic.
- Provide liquid soap and disposable tissue towels or hand dryers for washing hands.
- To avoid the breeding of pathogens in wet places, pour 5% solution of Virusolve+ into drain outlets regularly and rinse with water after leaving for 5 minutes; pour Virusolve+ cleaner /disinfectant of the same concentration into toilet bowls as well.
- Make sure that drain pipes are built with U-shaped water traps; do not alter the pipelines without authorization; make sure that soil pipes are unobstructed and sewage drains are functioning properly and without leakage so as to avoid breeding of pathogens.

Disposal of waste:

- Garbage bins in child care centres / nurseries / schools should all have lids.
- Rubbish should be properly wrapped up and discarded into garbage bins with lids. Garbage bins should be emptied at least daily.
- Staff members should wash their hands thoroughly after handling garbage.

Treatment of (reusable) cleaning tools contaminated by vomitus, excreta, body fluid and blood:

- Disinfect such tools (e.g. mops / mopping cloth) by immersing them in a 5% solution of Virusolve+ for 5 to 10 minutes for disinfection.
- Then rinse well with water.
- Allow to dry and re-use (wet mops / mopping cloth will easily breed bacteria).

Choice of disinfectant detergents

Many detergents on the market claim to contain disinfectant. When choosing and using them, one should check their composition and instructions for use because sterilization effect varies with disinfectants. Virusolve+ possesses many clear advantages over competitor products, both for efficacy of the disinfection and health/safety of users.

Vaccination

Remind parents to vaccinate their children according to the vaccination programme recommended by the relevant National Department of Health.

Diseases which can be prevented by vaccination include:

measles, mumps, rubella, poliomyelitis, whooping cough, diphtheria, tetanus, tuberculosis, hepatitis B, etc.

PREVENTATIVE MEASURES

Apart from general hygienic practice and vaccination, staff members of child care centres / nurseries / schools should also adopt appropriate preventive measures against communicable diseases.

These measures mainly fall on two different levels:

- Standard precautions
- Precaution based on the mode of transmission

Standard precautions

Standard precautions are applicable to staff members and children. It includes the following aspects:

- Proper hand washing
- Personal protective gear

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

- Disposal of contaminated articles

Proper hand washing

- Research reports show that proper hand washing is the most effective way to prevent transmission of communicable diseases. Staff members negligent of hand cleanliness in the caring process are prone to carry bacteria, thus causing cross-infection. Therefore, hands should be washed with liquid soap before and after caring for different children. If gloves are worn, both hands should also be washed with liquid soap after taking them off.
- If it is inconvenient to wash hands and the hands are without stains, alternative effective cleaning means such as rinse-free disinfectant gel (Virusan or Virusan AS) for hand cleansing can be used.
- Improper hand drying will also result in infecting others with the germs carried by the hands. Both disposal paper towels and hand dryers are more proper means for hand drying. If personal towels are used, they should be washed daily and never be shared.
- Proper hand washing procedures should be observed and followed irrespective of whether water with liquid soap or rinse-free hand cleansing gel (Virusan or Virusan AS) is used.
- Proper hand washing procedures:
 - o Wet hands under running water
 - o Apply liquid soap and rub hands together to make a soapy lather
 - o Away from the running water, rub the fingers, areas around the fingertips, the front and the back of hands as well as the wrists for at least 10 seconds.
 - o Rinse hands thoroughly under running water after rubbing.
 - o Dry hands thoroughly with clean cotton or paper towels or under the hand dryer.
 - o The cleaned hands should not directly touch the faucet again.

Proper use of personal protective gear

To minimize the risk of being infected or becoming the vector unknowingly, staff members should use appropriate protective gear at work according to the risk of the nursing protocol and the physical condition of the children so as to safeguard themselves and others.

a) Disposable Gloves

Since June 1998, examination gloves have been classified as a medical device. This means that they must comply with European law, regardless of the material from which they are made, and carry a 'CE' mark, which demonstrates that safety and product performance have been monitored.

They should conform to BS EN 455 Parts 1, (freedom from holes), 2, (requirements and testing for physical properties, and 3, (requirements and testing for biological evaluation).

Gloves should be worn when handling blood, body tissues, excreta, body fluids, secretions or any other contaminated wastes. Contact with mucosa and wounds can only be made after clean gloves have been put on. Gloves contaminated with secretions should be changed beforehand even though the same child is being nursed. Take off used gloves and wash hands immediately before nursing other children so as to avoid transmission of causative agents to other children or contamination of the environment of child care centres / nurseries / schools.

Note: The wearing gloves cannot substitute for washing hands.

- A risk assessment should be carried out prior to glove use, in order to determine the best size and type of glove. Gloves must be worn for any contact with blood or body fluids, secretions, excretions, non-intact skin, and mucous membranes.
- Gloves must be assessed for the nature of the task to be undertaken, such as sterile or unsterile use.
- Staff should be instructed in the use of gloves, in terms of putting on, taking off, and appropriateness of use.
- Gloves should be single use, well fitting, and powder free. The glove material of choice must be carefully considered:

Natural rubber latex (NRL) is biodegradable, combustible, has good sensitivity, and due to its non-permeability, is an excellent barrier against blood borne viruses.

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

However, it is also listed under COSHH as being a hazard to health, as it can cause an allergic response ranging from mild dermatitis, to severe anaphylactic shock.

There are many components such as vulcanising agents, accelerators, preservatives, colorants, and a host of other processing aids, used in the manufacture of NRL gloves. When these are exposed to the naturally occurring proteins found in NRL, allergy and sensitisation can occur. Latex allergy is both a serious condition in latex allergic patients and clients, and a significant occupational health problem.

However, if latex gloves are used the following applies:

1. A risk assessment, regularly reviewed and documented, assessing the potential/actual latex sensitivity status and skin condition of the worker, must be carried out.
2. Similarly, residents should be assessed on admission for potential latex sensitivity (previous history, specific IgE testing, etc).
3. Latex gloves must not be powdered, and must be low protein (less than 50mcg of protein per gram of rubber).
4. There should be a latex allergy policy within each school, with clear monitoring and reporting systems, information about latex allergy, product lists, and alternative protection.

Neoprene and Nitrile gloves are often used as an alternative to NRL, where there is a high risk of exposure to blood and body fluids (e.g. dentistry, surgery), or as an alternative for latex allergic users.

Vinyl gloves are generally recommended for low risk areas, where contact with blood and blood stained body fluids is unlikely. However, this may change in the near future, as vinyl production improves, and stronger components are added.

Plastic/co-polymer gloves whilst often of use in the catering and food industries must NOT be used as protective equipment in a healthcare setting. They have welded seams which often split, are porous, and poor fitting, compromising dexterity and safety.

b) Plastic Aprons and Gowns

Plastic Aprons:

1. The purpose of wearing a plastic apron is to protect the clothing from contamination by micro-organisms, blood or body fluids.
2. Plastic aprons are recommended for use as a barrier when performing tasks that carry a risk of contaminating the uniform of the healthcare worker, such as handling body fluids, changing dressings, bed bathing, or handling equipment from any contaminated source.
3. Plastic aprons are single use and must be discarded after completion of the intended task. As already stated for gloves, aprons should be easily accessible to staff, and stored in convenient, clean dry areas, but away from sources of contamination.

Gowns:

1. Sterile gowns are used primarily in hospital or primary care settings, during operative procedures.
2. Within the school setting, gowns are not necessary, unless exceptional circumstances apply. (This would be highly unusual, and would be under the direction of the Health Protection Team).

c) Masks, visors, eye protection

In most instances, within the school setting, the use of masks, visors, and eye protection, is not necessary.

1. Masks should not be worn for routine care procedures.
2. The routine use of a respirator or mask for conditions such as TB is not necessary.
3. Visors and eye protection are necessary only for procedures where there is a high risk of splashing of blood and body fluids into the mucous membranes.

Disposal of contaminated articles

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

Since there is a potential risk that articles shared or disposed of together will become indirect vectors to transmit pathogens, appropriate precautionary measures should be taken in their disposal.

Disposal of linen

- Pathogens can be transmitted through contact with linen. Therefore, all linen should be washed thoroughly before re-use and appropriate personal protective gear (e.g. gloves, masks and if appropriate, plastic aprons) should be used during the process of disposal.
- Cleaning procedures include removal of stains with liquid soap, rinsing with water, drying, ironing and storing in clean and dry cabinets.
- All contaminated clothes should be disposed of separately. They should be immersed in a 5% solution of Virusolve+ for 5 to 10 minutes for disinfection before ordinary treatment.

Shared articles

- To avoid cross-infection within child care centres / nurseries / schools, all shared articles used should be cleaned and disinfected thoroughly before re-use.
- If stained with blood, wipe with thick tissue moistened with a 5% solution of Virusolve+ and leave for 5 to 10 minutes before cleaning.
- Please refer to Appendix F for cleaning / disinfection practices for commonly used articles in child care centres / nurseries / schools.

When making contact with or caring for sick children, staff members should treat all body secretions like blood, excreta, saliva, sputum, vomitus or wound secretion (excluding sweat), etc as potentially dangerous and take the corresponding and appropriate protective measures.

Precaution based on the mode of transmission

In addition to general hygiene practices, vaccination and Standard precautions, different specific preventive measures should be adopted for dealing with diseases with various modes of transmission. Table 4 sets out guidance on this:

TABLE 4		
Preventative Strategies	Types of Disease	Preventative Measures
1. Standard precaution	All communicable diseases	• Use appropriate personal protective gear.
2. Droplet precaution	Influenza; SARS	• Maintain good ventilation. • Cover the mouth and the nose when sneezing or coughing. • Dispose of used tissue properly. • Keep both hands clean. In particular, wash hands properly and immediately after making contact with patients or handling respiratory secretions. • Sick children, staff members, carers or relatives should wear masks. • Try as much as possible to keep a distance of at least 1 metre from the patient. • Adopt proper isolation. • Wear protective gear when necessary.
3. Airborne precaution	Tuberculosis	• Maintain good ventilation. • Cover the mouth and the nose when sneezing or coughing. • Dispose of used tissue properly. • Keep both hands clean. In particular, wash hands properly and immediately after making contact with patients or handling respiratory secretion. • Sick children, staff members, carers or

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

		- relatives should wear masks. • Adopt proper isolation. • Wear protective gear when necessary.
4. Contact precaution	conjunctivitis, head lice,	• Keep both hands clean and wash them properly. • Clean and disinfect items used by patients properly. • Do not share towels and other personal items. • When making contact with patients, wear gloves and if necessary, other protective gear as well. • Adopt proper isolation

Note: Some diseases are transmitted via more than one mode at the same time. For example, hand foot-mouth disease is spread by food and droplet transmission. To prevent the spread of such diseases, different precautionary measures should be considered.

Legal Requirements

The Health and Safety at Work Act 1974 states that, "it shall be the duty of every employer to ensure, so far as reasonably practicable, the health, safety and welfare at work of all his/her employees". The employer is required to provide appropriate information and instruction with the appropriate safety equipment, training and supervision to ensure that their employees are protected at work.

Employees must comply with any safety policies or procedures put in place to protect their health. Employees must also protect their own health and safety by using any protective clothing issued to them. Employees also have a duty to make sure that their actions do not harm the health and safety of others.

An incident reporting system must be in place and all staff must be made aware of the procedure following a sharps injury/mucous membrane injury.

CONCLUSIONS:

Prevention guide on communicable diseases

The type of and the knowledge about communicable diseases are always changing. Different communicable diseases have to be dealt with differently. Despite this, the basic principle of prevention remains the same. We should observe personal, environmental and food hygiene, exercise regularly, maintain a balanced diet and take enough rest for stronger immunity.

Responsibility of persons-in-charge or operators of child care centres / nurseries / schools

- When there is a suspected case or outbreak, relevant School and Local Health Protection Authorities should be notified as soon as possible.
- Nurseries / schools should employ Infection Control Officers and child care centres should appoint their supervisors to take the responsibility of coordinating and monitoring the implementation of preventive and control measures for communicable diseases. The duty list is detailed in Appendix G.
- Proper personal health record should be kept for every child. Body temperature should be checked regularly and recorded. This helps early detection of problems and reduces the risk of the spread of the communicable disease.
- Sick leave records of staff members should be kept.
- Staff members should be encouraged to familiarize themselves and comply with the guidelines on prevention of communicable diseases.
- Ensure adequate hand washing facilities and personal protective gear in child care centres / nurseries / schools.

Appendix A
STATUTORY NOTIFIABLE COMMUNICABLE DISEASES

- Acute poliomyelitis
- Amoebic dysentery
- Bacillary dysentery
- Chickenpox
- Cholera
- Dengue fever
- Diphtheria
- Food poisoning
- Influenza A (H5)
- Leprosy
- Legionnaires' disease
- Measles
- Malaria
- Mumps
- Meningococcal infections
- Plague
- Paratyphoid fever
- Relapsing fever
- Rabies
- Scarlet fever
- Rubella
- Tetanus
- Severe Acute Respiratory Syndrome
- Typhus
- Typhoid fever
- Whooping cough
- Viral hepatitis
- Tuberculosis
- Yellow fever
- Japanese encephalitis

CLEANING AND DISINFECTION ADVISORY NOTE
REF NO: 029

Appendix B
Suggested Fever Record For Children

Name of School/ Care Centre:

Contact Telephone No:

Name of Contact Person:

Date	Children with Fever			
	Class / number	Name of Student	No of Children seeking consultation	No of Children admitted to hospital

CLEANING AND DISINFECTION ADVISORY NOTE
REF NO: 029

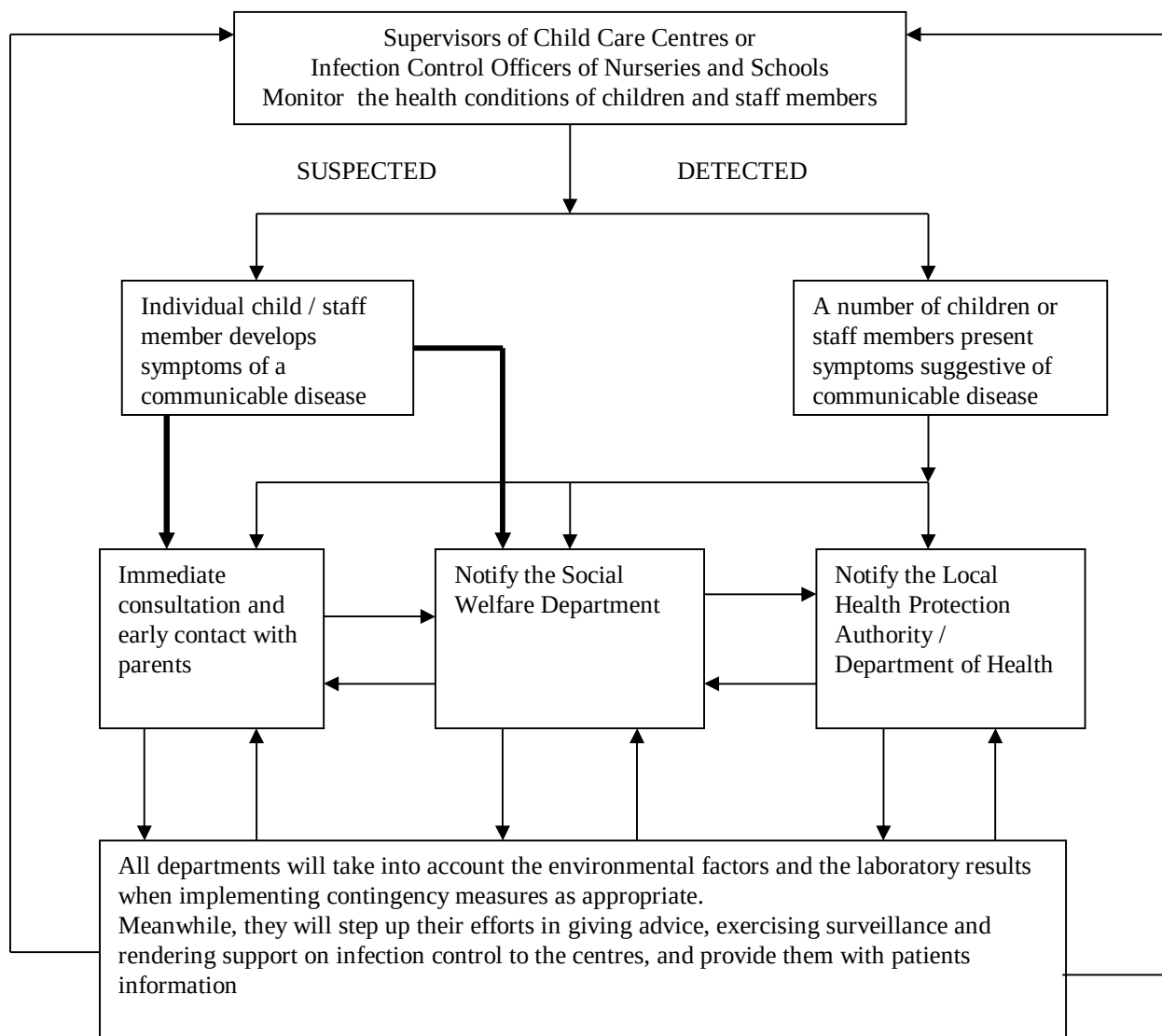
Appendix C
Sick Leave For Children Infected with Communicable Disease

Disease	Incubation Period (Days)	Recommended Sick Leave #
Bacillary dysentery *	1 to 7	Until diarrhoea ceases and stool samples are tested negative for such bacteria (test is to be done on three stool samples collected at least 24 hours apart)
Chickenpox *	14 to 21	About one week or until all vesicles dry up.
Cholera *	1 to 5	Until non-infection is confirmed (test is to be done on three stool samples collected at least 1 day apart following 48 hours after the completion of the antibiotic course).
Conjunctivitis	1 to 12	Until no abnormal secretion from the eyes.
Diphtheria *	2 to 7	Until non-infection is confirmed by negative result on sample culture test (test is to be done on two nasopharyngeal swabs collected at least 24 hours apart following 24 hours after the completion of the antibiotic course).
Hand-foot-mouth disease	3 to 7	Until all vesicles dry up or as advised by the doctor. If enterovirus-71 is confirmed to be the pathogen, then take 2 more weeks of sick leave after all vesicles dry up.
Measles *	7 to 18	4 days from the appearance of rash.
Meningococcal infections *	2 to 10	Until the completion of the bacteria removal course.
Mumps *	12 to 25	9 days after the appearance of swelling.
Poliomyelitis *	7 to 14	At least 14 days after the onset of symptoms.
Rubella *	14 to 23	7 days from the appearance of rash.
Scarlet fever *	1 to 3	5 days from the commencement of the antibiotic course or as advised by the doctor.
Tuberculosis *	No definite	As advised by the doctor
Typhoid fever *	7 to 21	Until at least three consecutive stool samples collected no less than 24 hours apart are tested negative for such bacteria (the first stool sample has to be collected 48 hours after the completion of the antibiotic course).
Viral enteritis	1 to 10	Until 48 hours after the last episode of diarrhoea
Viral hepatitis B *	15 to 50	1 week from the appearance of jaundice or as advised by the doctor.
Whooping cough *	7 to 10	Until the completion of at least 5 days of antibiotic course (the whole course lasts for 14 days).

The recommendations made above are based on the general infection period only. Other factors, such as the clinical conditions of the sick child, have to be considered as well. The attending doctor should exercise his / her professional judgment when making the final decision on the length of sick leave.

- Diseases to be reported to the Local Health Authority as required by the law.

Appendix D
Flow Cart for Notification of Communicable Disease



Appendix E
Information Requirements for Transmission to the Centre for Health
Protection, Department of Health

Preliminary information

- (1) Name of the child care centre/kindergarten/school
- (2) Address of the child care centre/kindergarten/school
- (3) Name, position and telephone number of the contact person
- (4) Number of sick children and number of children admitted to the hospital
- (5) Number of sick staff members
- (6) Total number of children
- (7) Total number of staff members

Further information in details (if necessary)

- (1) Detailed information of the sick
 - Name
 - Age
 - Sex
 - Birth certificate / ID number
 - Telephone number
 - Class and floor to which the child belongs
 - Symptoms
 - Onset date
 - Medical consultation record
- (2) Children List
- (3) Staff list (stating the floor or area where staff members work)
- (4) Children sick leave record
- (5) Staff sick leave record
- (6) Floor plan of the child care centre / kindergarten / school (stating floor and room number)
- (7) Timetable for the child care centre / kindergarten / school
- (8) Menu

CLEANING AND DISINFECTION ADVISORY NOTE
REF NO: 029

APPENDIX F
DECONTAMINATION OF EQUIPMENT

EQUIPMENT OR SITE	ROUTINE OR PREFERRED METHOD	ACCEPTABLE ALTERNATIVE OR ADDITIONAL RECOMMENDATION
Bowls - Washing	If bowls are necessary for the bedbound, They must be labelled with the resident's name. After use, wash with hand hot water and general purpose detergent, rinse and dry. Store inverted in the resident's own room.	
Bins (domestic and clinical)	Wash weekly and when visibly soiled with hand hot water and general purpose detergent in designated area.	If contaminated with blood, wash with hand hot water and general purpose detergent followed by disinfecting with 5% solution of Virusolve+, rinse and dry.
BRUSHES: Lavatory brushes	After every use, rinse in running water (in toilet pan), and store dry. Disinfect and replace on a regular basis.	
Nail brushes and Tooth Brushes	Single person use only.	
Carpets and Rugs	Vacuum daily. Wash periodically using carpet compatible detergent solution and hot water extraction.	For contaminated spills clean with carpet compatible detergent solution and water extraction system. Disinfect carpet only if capable of withstanding disinfection. Alternatively, consider steam cleaning. Alternative floor coverings are available instead of carpets for use in areas where frequent spillage anticipated. Virusolve+ does not affect most fabrics.
Cleaning equipment	Use correct colour coded cleaning equipment for different areas in school e.g. Toilet areas. Kitchen areas. General use.	
CLOTHS: Disposable	Discard at the end of each shift and when otherwise indicated.	
Non disposable	Wash after use with hot water and general-purpose detergent. Send to laundry for heat disinfection in washing machine at the end of each shift.	
Crockery and cutlery, water-jugs and glasses	Wash (and heat disinfect) in dishwasher suitable for commercial purposes. Allow to dry in dishwasher.	If no dishwasher available: Wash using hand hot water and general-purpose detergent, rinse and allow to air dry using racking system or dry using disposable paper towels/ kitchen roll. Avoid the use of tea towels.
Curtains	Launder or dry clean at least annually.	Change after some episodes of isolation (barrier nursing). Check with Local Health Protection Team.

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

EQUIPMENT OR SITE	ROUTINE OR PREFERRED METHOD	ACCEPTABLE ALTERNATIVE OR ADDITIONAL RECOMMENDATION
THERMOMETERS: Electronic Clinical Thermometers	Use disposable sleeve. Disinfect unit with 70% alcohol swab after use.	Do not use without sleeve for oral or rectal temperatures.
Tympanic thermometers	Individual disposable earpiece.	
Single-use disposable thermometers	Single-use disposable thermometers.	
Floors (dry)	(1) Vacuum clean daily or (2) Dust –attracting dry mop	Do not use brooms in communal areas.
Floors (wet cleaning of hard floors)	Wash daily or as appropriate with hot general-purpose detergent solution. Disinfection is not routinely required.	For known contaminated area wash first with general-purpose detergent solution, followed by disinfecting with 5% solution of Virusolve+ and then allow to dry.
Flower vases	When changing water/flowers, dispose of water into toilet, wash vases with general purpose detergent solution before refilling with clean water. After use, wash vases with general purpose detergent solution and store dry and inverted	Perform thorough hand decontamination after dealing with flowers.
Furniture and fittings	Damp dusting with hand hot water and general purpose detergent.	
Hand washing	See Section: Hand Hygiene.	
Hair combs	Single resident use only. Wash regularly.	
Mattresses and Mattress Covers	Covers to be: 1. Washed with general-purpose detergent solution and dried using disposable cloths or paper towels or 2. If capable of being laundered, send to laundry as appropriate Check condition and integrity of mattresses on a weekly basis. Mattresses that become soiled or damaged should be replaced.	Always refer to manufacturer's instructions.
MOPS: Dry, dust-attracting Mops	Return to laundry daily.	If disinfection is required either heat disinfect (laundry) OR soak in 5% solution of Virusolve+, rinse well and dry.
Wet Mops	Wash with hot general-purpose detergent solution, rinse, wring and store dry and inverted between uses.	
Mop bucket	Wash with hot water and general purpose detergent. Store dry in inverted position at the end of each shift.	
Personal Protective Gear – caps, gowns	Disposable gear is desirable	If fabric protective clothing is to be used repeatedly, clean it with detergent and hot water after use. Wait until dry and fold it up for re-use. If contaminated by body fluid, refer to the cleaning method in Preventative Measures
Personal Protective Gear – Face shields, goggles	Clean with a 5% solution of Virusolve+ allowing a contact time of between 5 and 10 minutes.	

CLEANING AND DISINFECTION ADVISORY NOTE

REF NO: 029

EQUIPMENT OR SITE	ROUTINE OR PREFERRED METHOD	ACCEPTABLE ALTERNATIVE OR ADDITIONAL RECOMMENDATION
Personal Protective Gear – gloves	Disposable gear is desirable	
Pillows (Waterproof covers)	Launder pillow and cover in the same way as other bed linen: • If soiled • Before use by another resident • Annually as a routine measure Follow manufacturer's instructions for laundering.	
Rooms	Daily cleaning of school room. Use hand hot water and general purpose detergent and allow to dry	
Scissors (non-sterile)	If not single use should be cleaned with hand hot general-purpose detergent solution, dried and wiped with 70% alcohol wipe.	
Toilet seats	Wash with hand hot water and general-purpose detergent and dry daily and when visibly soiled.	If grossly contaminated, hand hot water and general-purpose detergent, dry using disposable cloths or paper towels followed by wiping with a 5% solution of Virusolve+, followed by rinse well and dry.
Toys	Wash weekly or when visibly soiled with hand hot water and general purpose detergent. Use washing machine for soft toys.	When grossly contaminated, wash with hand hot water and general-purpose detergent, dry using disposable paper towels followed by wiping with a 5% solution of Virusolve+. Rinse well and dry. N.B. Heavily contaminated soft toys may have to be destroyed.
Trolleys	Wash shelves and frame with hand hot water and general-purpose detergent and dry before and after use.	
Uniform (clothing)	In the event of a laundry system not being available in the work setting: Wash separately on 65°C for not less than 10 minutes or 71°C for not less than 3 minutes in domestic washing machine, followed by drying and ironing with as hot an iron as possible.	It is recommended that a spare uniform is available to staff at all times.
Vacuum cleaners	Cleaned and maintained in accordance with manufacturer's instructions.	
Wash Hand Basins	Clean with general-purpose detergent or cream cleaner on a daily basis. Disinfection not normally required.	

Appendix G

Responsibilities of Infection Control Officers of Nurseries / Schools and Supervisors of Child Care Centres

Persons-in-charge of nurseries / schools should employ infection control officers and persons-in-charge of child care centres should appoint their supervisors to take the responsibility of coordinating and monitoring the implementation of preventive and control measures for communicable diseases:

- Assist the person-in-charge in promulgating to staff members the latest information and guidelines on prevention of communicable diseases and in reminding children and parents of such information and guidelines. Be responsible for assisting new recruits to become familiarized with control measures for communicable diseases.
- Assist the person-in-charge in arranging infection control training for staff members.
- Assist the person-in-charge in monitoring and implementing measures as suggested in the guidelines for preventing communicable diseases in child care centres / nurseries / schools. They include measures on personal, environmental and food hygiene.
- Assist the person-in-charge in monitoring the disinfection of items used and the proper disposal of contaminated clothing and other wastes.
- Assist the person-in-charge in providing essential personal protective gear as well as in supervising and monitoring staff members' proper use and disposal of such gear after use.
- Watch for symptoms of communicable diseases among children and staff members in the child care centre / nursery / school. If an outbreak of communicable disease is suspected, assist the person-in-charge in reporting and providing information to local Centre for Health Protection, Inspectorate and relevant School Education Offices. Assist Health investigation and take effective infection control measures to prevent the spread of such disease.
- Assist the person-in-charge in evaluating the risk of communicable disease outbreak in the child care centre / nursery / school. Consult the person-in-charge, staff members and the local Health Protection Authority on a regular basis and develop preventive measures for communicable diseases so as to reduce the chance of spreading such diseases in the child care centre / nursery / school.

CLEANING AND DISINFECTION ADVISORY NOTE
REF NO: 029

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